Who is being served by Children's Intensive Services (CIS)?

Background Information

This brief is the first in a 4-part series summarizing performance of Children's Intensive Services (CIS) during its first year of operation under the revised program certification standards (April 2004-March 2005). The CIS program provides family-focused, community-based services for children with severe emotional and behavioral disturbances who are at-risk for psychiatric hospitalization or out-of-home placement. The evaluation examines demographic and clinical characteristics, patterns of service delivery, and discharge outcomes for children in the program served statewide by nine certified CIS provider agencies. In this brief, we summarize demographic and clinical characteristics for the 2,606 cases opened to CIS under the revised program standards (*Note*: children may have entered the program on more than one occasion during the 12-month period). Subsequent briefs will summarize information on the clinical functioning of children entering the CIS program, service delivery characteristics, and program outcomes for children exiting CIS.

Demographic Characteristics

The average age of children admitted to CIS is just over 11 years (See Figure 1). Over half of admissions were boys (57%). The racial and ethnic breakdown of children served was White (54%), Hispanic (13%), African American (9%), Multi-racial (13%), Native American (2%), and Asian (1%).

At admission, most children were living in a private residence (69%) or in public housing (11%). Approximately 10% lived in a foster home, group home or residential facility.

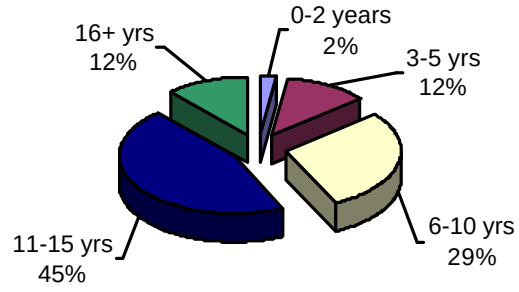
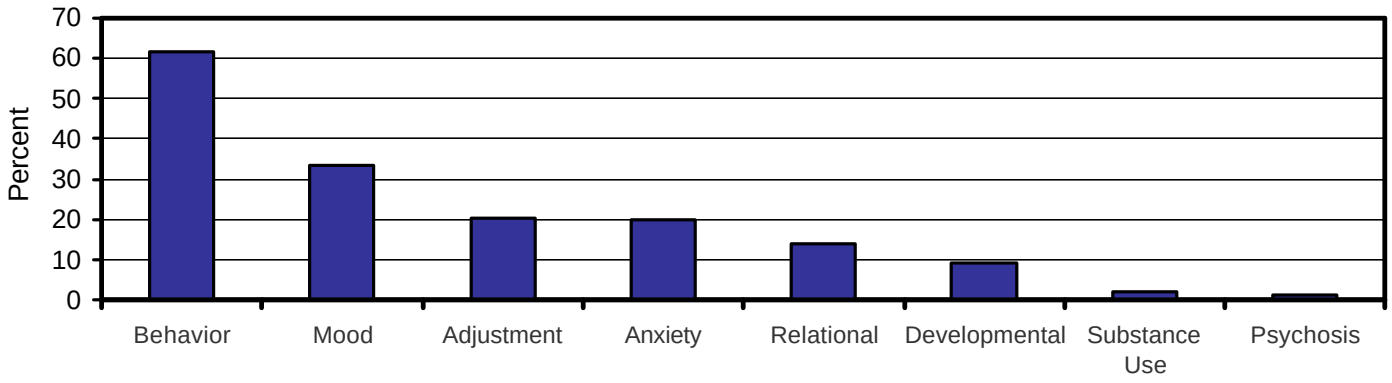


Figure 1: Age at Admission

Clinical Characteristics

Diagnostic information was provided for all children admitted to CIS (see Figure 2). Clinicians could provide more than one clinical diagnoses for each child. About 60% of children were diagnosed with a behavior disorder (e.g., oppositional defiance, ADHD, or conduct disorder). About 30% of children were diagnosed with a mood disorder (e.g., depression or bipolar disorder). Fewer children were diagnosed with an anxiety disorder (20%) or adjustment disorder (20%). Over half of children were diagnosed with more than one type of psychiatric disorder.

Figure 2: Percentage of Children within Diagnostic Categories



The types of diagnoses children had varied significantly by age and gender. Boys were more frequently diagnosed with behavior and developmental or learning disorders, and girls were more frequently diagnosed with anxiety, mood, and relational disorders including child maltreatment or attachment-related disorders.

Children in the youngest age group (1 to 5 years) were more frequently diagnosed with developmental or learning and relational disorders; and children age 6-10 had higher rates of behavior, anxiety, and adjustment disorders than other groups. Older children (age 11-18) had higher rates of mood, substance abuse, personality, and psychotic diagnoses, particularly children age 16 and older.

Clinicians also documented significant problem areas reported by CIS children and families. Most children were experiencing significant problems in their primary support group or family life (77%), educational functioning (72%), and/or social functioning (63%). Though fewer in number, many children were identified with problems related to socioeconomic status (21%), housing (14%), or legal involvement (16%).

About 8% of children were hospitalized within the 90 days preceding their CIS admission.

Levels of Care

Revisions to the CIS Program Certification standards introduced four levels of care within CIS. Figure 3 summarizes the percentage of children assigned to each level of care at admission to CIS. Children were admitted to a level based on degree of impairment and need for services:

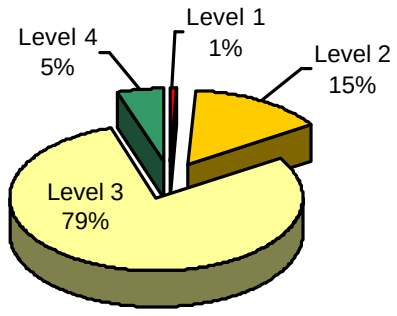


Figure 3: CIS Level at Admission

Level 1 (Crisis Management) was specified for children experiencing a behavioral, psychiatric, or developmental crisis that threatens his or her ability to be in a less restrictive living environment. Very few children entered CIS at this level of care.

Level 2 (Standard Care) was specified for cases in which the child or family has multiple needs that less intensive services have not addressed. Relatively few cases entered the program at this level of care, as well.

Level 3 (Intermediate Care) was specified for children and families with significant community supports, but also have multiple needs that less intensive services have not addressed. Most children served by CIS enter the program at this level.

Level 4 (Maintenance Care) was specified for children transitioning from a more intensive level of care, who still have some difficulty in a single area. This level of care is not intended as an entry level unless the child has recently been served by the program and is re-entering care for a brief period.

Summary

1. Children admitted to CIS are diverse in terms of age, gender, and ethnicity.
2. Children admitted to CIS are most commonly diagnosed with behavioral and/or mood disorders. Many children have more than one diagnosis. Some disorders are more commonly diagnosed in specific gender or age groups.
3. Clinician ratings suggest many children admitted to CIS are experiencing significant problems, particularly within the primary support group and educational and social contexts.
4. Very few children reported a history of psychiatric hospitalization 90 days prior to admission to CIS.
5. Revised Certification Standards introduced four levels of care within CIS. Over three-quarters of program admissions entered the program at Level 3 (Intermediate Care). Relatively fewer cases entered the program at higher levels of service intensity.